## **THSteps Medical Checkup Laboratory Requirements**

Contact the appropriate laboratory for specimen collection/shipping supply information

Contact the appropriate laboratory for specimen collection/shipping supply information  Checkup									
Test	Required for THSteps Medical Checkups (See THSteps Periodicity Schedule for ages)	Additional Reimbursement to Checkup Provider (Excludes FQHCs & RHCs)	Specimen Collection Location	Location for Specimen Testing/Analysis	Additional Handling/ Collection Fee for THSteps Checkup Specimens	Reimbursement available to provider outside of a checkup (See TMPPM Volume 2 Radiology and Laboratory Services Handbook)			
Second NBS	Yes	No	Provider's office	DSHS Laboratory	No	No			
	Yes	No	Initial-Provider's office	Initial-DSHS Laboratory	No	Yes			
Lead			Confirmatory- Provider's choice of laboratory or provider's office	Confirmatory- Provider's choice, including DSHS					
Lead Point-of-Care	Yes, point-of-care is provider's option	Yes	Provider's office	Provider's office	N/A	Yes			
Hemoglobin	Yes	No	Provider's office	DSHS Laboratory	No	Yes			
Hemoglobin or Hematocrit Point-of-Care	Allowed if urgent results are needed	No	Provider's office	Provider's office	N/A	Yes			
Glucose	Risk-based	No	Provider's choice of laboratory or provider's office	Provider's choice, including DSHS	No	Yes			
Glucose Point-of-Care	Risk-based, point- of-care is provider option	No	Provider's office	Provider's office	N/A	Yes			

**Acute Care/Non-THSteps Medical** 

## **THSteps Medical Checkup Laboratory Requirements**

Contact the appropriate laboratory for specimen collection/shipping supply information

Test	Required for THSteps Medical Checkups (See THSteps Periodicity Schedule for ages)	Additional Reimbursement to Checkup Provider (Excludes FQHCs & RHCs)	Specimen Collection Location	Location for Specimen Testing/Analysis	Additional Handling/ Collection Fee for THSteps Checkup Specimens	Reimbursement available to provider outside of a checkup (See TMPPM Volume 2 Radiology and Laboratory Services Handbook)
Total Cholesterol	Required screening as well as risk-based	No	Provider's choice of laboratory or provider's office	Provider's choice, including DSHS	No	Yes
Total Cholesterol Point-of-Care	Risk-based, point- of-care is provider option	No	Provider's office	Provider's office	N/A	Yes
Lipid Profile	Required screening as well as risk-based	No	Provider's choice of laboratory or provider's office	Provider's choice, including DSHS	No	Yes
HIV	Required screening as well as risk-based	No	Provider's choice of laboratory or provider's office	Provider's choice, including DSHS	No	Yes
Gonorrhea Chlamydia	Risk-based	No	Provider's office	DSHS Laboratory	No	Yes
Syphilis	Risk-based	No	Provider's choice of laboratory or provider's office	Provider's choice, including DSHS	No	Yes





**Acute Care/Non-THSteps Medical** 

Checkup